



Instructions:

**Change of Registered Office or
Agent by a Not-For-Profit
Corporation**

Contact:

Kansas Office of the Secretary of State

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

- ☐ 1. Submit this form with the **\$20** filing fee.
- ☐ 2. Any of the following may serve as resident agent:
 - a) the corporation itself,
 - b) an individual residing in Kansas,
 - c) a Kansas corporation, limited partnership, limited liability company or business trust, or
 - d) a foreign corporation, limited partnership, limited liability company or business trust authorized to do business in Kansas.
- ☐ 3. This filing only changes the resident agent and/or registered office. If you wish to change the mailing address (where our office will send official mail), please submit form MA, available at www.sos.ks.gov.

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

NRO

53-13

KANSAS SECRETARY OF STATE

Change of Registered Office or Agent by a Not-For-Profit Corporation

CONTACT: Kansas Office of the Secretary of State

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

Above space is for office use only.



INSTRUCTIONS: *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.*

1. Business entity ID number:

This is not the Federal Employer ID Number (FEIN)

2. Name of corporation:

Name must match the name on record with the Secretary of State

3. State/Country of organization:

4. The new name of the resident agent and address of the registered office in Kansas:

*Address must be a street address
A P.O. box is unacceptable*

Name

Street Address

Kansas

City

State

Zip

5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.

Signature of authorized officer

Date (month, day, year)

Name of signer (printed or typed)